

**BENEFIT OPTION SELECTION**

STD. 618 (REV. 4-93)

**This form is to be used for employees who  
are not eligible to Industrial Disability Leave  
with supplementation.**

DATE OF INJURY

STATE COMPENSATION INSURANCE FUND (SCIF) OFFICE/ ADJUSTER (CLAIMS REP.)

SCIF CLAIM NUMBER

It has been determined that you have been industrially injured and that you are eligible for an income continuation program. Your initial benefit placement is on Industrial Disability Leave (IDL). Listed below are the benefits available to you during the first 90 calendar days of disability. Please indicate your choice of benefits to be effective the first 22 working days and the 23rd working day through the 90th calendar day of disability. If your selections have not been submitted within the 15-day period, you will remain on Industrial Disability Leave unless your Worker's Compensation Temporary Disability Benefit (without supplementation) payment is greater than the Industrial Disability Leave Benefit payment.

**First 22 Working Days of Disability**

1. ☐ Industrial Disability Leave \*
2. ☐ Worker's Compensation Temporary Disability (with supplementation)

**23rd Working Day to the 90th Calendar Day of Disability**

1. ☐ Industrial Disability Leave \*
2. ☐ Worker's Compensation Temporary Disability (without supplementation) \*\*
3. ☐ Worker's Compensation Temporary Disability (with supplementation)

\* For the first 22 working days on Industrial Leave, if time is lost for any part of a day, it shall be considered as a full date of disability and counted as one date towards the first 22 working days.

\*\* This choice is only allowed if the amount of benefits provided by Worker's Compensation Temporary Disability (without supplementation of leave credits) is higher than Industrial Disability Leave.

Prior to making my benefit selections, above, I have reviewed the "Benefit Options Comparison Chart" filled in by my agency on the reverse of this form.

I have received both the standard form STD. 619 and STATE EMPLOYEES' GUIDE TO WORKERS' COMPENSATION pamphlet.

I understand that I am required to notify my agency if I begin to receive social security disability benefits.

EMPLOYEE SIGNATURE



DATE

You are given one last opportunity to make a change in your benefit selection to be effective on your 90th calendar day of disability. If you wish to have this change, you must notify your agency.

The rules governing employees of the California State University system may be slightly different from those described. If you are an employee of that system please check with your Personnel Department.

PERSONNEL OFFICE SIGNATURE



TITLE

TELEPHONE

DATE

NAME	CBID	SOCIAL SECURITY NUMBER	POSITION NUMBER	SALARY RATE	RETIREMENT RATE	MARITAL STATUS (NO. EXEMPTIONS)	ADD'L. TAX
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STATE OF CALIFORNIA  
STD. 618 (REV. 4-93) (REVERSE)

## BENEFIT PAYMENT OPTIONS COMPARISON CHART

<b>REGULAR MONTHLY SALARY</b>	GROSS (BASED ON SALARY FOR _____ PAY PERIOD)			\$	<b>TEMPORARY DISABILITY WITH SUPPLEMENTATION</b>	(BASED ON SALARY FOR _____ PAY PERIOD)					
	<b>LESS</b>	PERS/STRS RETIREMENT				-	WORKER'S COMPENSATION TEMPORARY DISABILITY PAYMENT (\$ _____ DAILY RATE X _____ DAYS)				\$
		FEDERAL INCOME TAX				-	SUPPLEMENTATION				
		OASDI				-	<b>GROSS PAYMENT</b>				<b>\$</b>
		CALIFORNIA STATE INCOME TAX				-	<b>LESS (BASED ON SUPPLEMENTATION)</b>	PERS/STRS RETIREMENT			-
		CALIFORNIA STATE INCOME TAX				-		FEDERAL INCOME TAX			-
		MISCELLANEOUS DEDUCTIONS				-		OASDI			-
						CALIFORNIA STATE INCOME TAX			-		
						TOTAL MISCELLANEOUS DEDUCTIONS*			-		
						<b>NET TEMPORARY DISABILITY WITH SUPPLEMENTATION PAYMENT</b>			<b>\$</b>		
	CODE	ORGANIZATION	AMOUNT			Net Temporary Disability with Supplementation payment will be the same as long as you have leave credits to cover the pay period of disability. Leave credits required may vary depending on the number of workdays and calendar days in the pay period.					
			\$			LEAVE CREDITS AVAILABLE AS OF DATE : SICK : VACATION : ANNUAL LEAVE : LEAVE CREDITS REQUIRED PER SUPPLEMENTATION HOURS					
			\$			CTO : EXCESS HOURS : PERSONAL LEAVE : HOLIDAY : PAYMENT					
			\$								
			\$								
		\$									
		\$									
<b>NET PAY</b>			<b>\$</b>								

**TEMPORARY DISABILITY WITHOUT SUPPLEMENTATION** - Net Temporary Disability  
Without supplementation amount will vary based on the number of calendar days in the pay period.

CALENDAR DAYS : STATE COMPENSATION INSURANCE FUND  
DAILY RATE :  
\$ :

<b>INDUSTRIAL DISABILITY LEAVE</b>	AFTER FIRST 22 WORKING DAYS OF ELIGIBILITY			<b>INDUSTRIAL DISABILITY LEAVE</b>	AFTER FIRST 22 WORKING DAYS OF ELIGIBILITY					
	(BASED ON SALARY FOR _____ PAY PERIOD)				(BASED ON SALARY FOR _____ PAY PERIOD)					
	MONTHLY SALARY RATE				\$	MONTHLY SALARY RATE			\$	
	ADJUSTED BY: FEDERAL, STATE AND OASDI TAXES				-	LESS 1/3 ADJUSTMENT			-	
	<b>GROSS INDUSTRIAL DISABILITY LEAVE BENEFIT PAYMENT</b>				<b>\$</b>	<b>GROSS INDUSTRIAL DISABILITY LEAVE BENEFIT PAYMENT</b>			<b>\$</b>	
	<b>LESS</b>	PERS/STRS RETIREMENT			-	PERS/STRS RETIREMENT			-	
		TOTAL MISCELLANEOUS DEDUCTIONS (1)			-	TOTAL MISCELLANEOUS DEDUCTIONS *			-	
<b>NET INDUSTRIAL DISABILITY LEAVE BENEFIT PAY</b>			<b>\$</b>	<b>NET INDUSTRIAL DISABILITY LEAVE BENEFIT PAY</b>			<b>\$</b>			

(1) NOTE: Deductions for Deferred Compensation cannot be taken while on Industrial Disability Leave, Deductions for Deferred Compensation will be taken only if there is enough money being supplemented while on Temporary Disability with supplementation.

(2) For the first 22 working days on Industrial Disability Leave, if time is lost for any part of the day, it shall be considered as a full date of disability and counted as one date towards the first 22 working days.